



United States Department of Agriculture

I 028783

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149

4700 River Road
Riverdale, MD
20737

April 21, 2016

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated January and February 2016 for the reporting period ending February 29, 2016**

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

| | |
|-----------------------|-----------------------|
| EPA Reg. No. 56228-15 | M-44 Cyanide Capsules |
| Active Ingredient: | CAS No. 143-33-9 |
| Sodium Cyanide | |

| <u>Incident Category</u> | <u>No. of Incidents</u> |
|--------------------------|-------------------------|
| D-A | 3 |

Details of the incidents (involving the deaths of three domestic dogs) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David A. Bergsten
Acting Chief, Environmental and Risk Analysis Services

cc:

J. Jones, USDA, APHIS, WS, OS, Riverdale, MD (sent electronically)
J. Edwards, USDA, WS, NWRC Archives, Fort Collins, CO
P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

DOCUMENTUM

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

| | | | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| INCIDENT CODE D-A | INCIDENT STATUS | | DATE WS BECAME AWARE OF THE INCIDENT 02/03/2016 | ES USE ONLY REPORT NUMBER |
| | Date <input checked="" type="checkbox"/> New 02/03/2016 | <input type="checkbox"/> Update | | |
| EMPLOYEE NAME (To contact for additional information) Jason Rhodes | | TELEPHONE NUMBER 304-591-2417 | CONTACT NAME (If Non-APHIS) | TELEPHONE NUMBER |
| DUTY STATION ADDRESS HC 68 Box 151 Bowden, WV 26254 | | | ADDRESS | |
| INCIDENT LOCATION | | | SOURCE OF INFORMATION | |
| CITY Valley Bend | STATE WV | COUNTY Randolph | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other | |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) | | | | |

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

**Agricultural (cattle) open
pasture with Wooded edges**

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

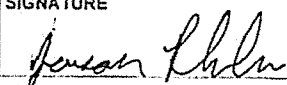
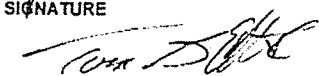
| | | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| EPA REGISTRATION NUMBER 56228-15 | PRODUCT NAME M-44 | ACTIVE INGREDIENT Sodium Cyanide | |
| WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During trap check WT Rhodes found a dog with a collar but no ID tags. WT Rhodes showed the farmer the dog and the farmer did not know whos it was. WT Rhodes and the farmer attempted to check with the closes neighbors but were unable to determine the dogs home. WT Rhodes then notified his supervisor of the incident.

| | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------|
| NAME OF PREPARER Jason T. Rhodes | SIGNATURE  | TELEPHONE NUMBER 304-591-2417 | DATE 2-5-16 |
| NAME OF SUPERVISOR Tom S. Elliott | SIGNATURE  | TELEPHONE NUMBER 304-636-1785 | DATE 2/5/16 |

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (if known)

Labrador

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Agricultural (cattle) open pasture with Wooded edges

ADDITIONAL FACTORS

NAME OF PREPARER

Jason T. Rhodes

SIGNATURE



DATE

2-5-16

NAME OF SUPERVISOR

Tom S. Elliott

SIGNATURE



DATE

2/5/16

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

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|----------------------|------------------------------------------------------------|---------------------------------|---------------------------------------------------|------------------------------|
| INCIDENT CODE D-A | INCIDENT STATUS | | DATE WS BECAME AWARE OF THE INCIDENT 02/22/201 | ES USE ONLY REPORT NUMBER |
| | Date <input checked="" type="checkbox"/> New 02/22/2016 | <input type="checkbox"/> Update | | |

| | | | |
|------------------------------------------------------------------------|----------------------------------|-------------------------------|------------------|
| EMPLOYEE NAME (To contact for additional information) Rickie Dunlap | TELEPHONE NUMBER 304-642-3288 | 6 CONTACT NAME (If Non-APHIS) | TELEPHONE NUMBER |
|------------------------------------------------------------------------|----------------------------------|-------------------------------|------------------|

| | |
|--------------------------------------------------------------|---------|
| DUTY STATION ADDRESS 1205 12th Street Weston, WV 26452 | ADDRESS |
|--------------------------------------------------------------|---------|

| | | | | | |
|-------------------|-------------|-----------------|------------------------------------------|-----------------------------------------|---------------------------------|
| INCIDENT LOCATION | | | SOURCE OF INFORMATION | | |
| CITY Roanoke | STATE WV | COUNTY Lewis | <input checked="" type="checkbox"/> Self | <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Letter |
| | | | <input type="checkbox"/> Media | <input type="checkbox"/> Oral Report | <input type="checkbox"/> Other |

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (calves) Agricultural (Sheep) | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

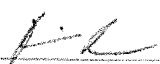

| | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| EPA REGISTRATION NUMBER 56228-15 | PRODUCT NAME M-44 | ACTIVE INGREDIENT Sodium Cyanide |
| WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

WT Dunlap was checking M-44 devices on a cooperators farm in Roanoke, WV. Upon arrival to the fourth device WT Dunlap found that a dog had triggered the device. WT Dunlap noticed a second dog roaming the farm that had a collar and chain attached to the collar, WT Dunlap was able to catch the second dog. WT Dunlap took the second dog to the adjacent landowners and to the rural mail carrier for the area, however no one reconized the dog. WT Dunlap turned custody of the second dog over to the landowner, who was going to turn it over to the county animal control officer. WT Dunlap immediately notified the landowner and supervisor of the incident. The landowner was not aware of the the dog's owner or home. The landowner stated that he would bury the first dog.

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|--------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------|-----------------|
| NAME OF PREPARER Rickie Dunlap | SIGNATURE  | TELEPHONE NUMBER 304-642-3288 | DATE 2-28-16 |
| NAME OF SUPERVISOR Tom S. Elliott | SIGNATURE  | TELEPHONE NUMBER 304-636-1785 | DATE 2/29/16 |

| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM | | ES USE ONLY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------|
| | | REPORT NUMBER |
| "X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant | "X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild | NUMBER OR ACRES AFFECTED |
| SPECIES COMMON NAME Dog | BREED (if known) Mix | |
| DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS | | |
| Fatality | | |
| IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies): | | |
| N/A | | |
| MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat) | | |
| N/A | | |
| PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable) | | |
| N/A | | |
| WAS PREBAITING USED ON THE SITE (Describe) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED | | |
| Fenced wooded pasture edge | | |
| ADDITIONAL FACTORS | | |
| | | |
| NAME OF PREPARER Rickie Dunlap | SIGNATURE  | DATE 2-26-16 |
| NAME OF SUPERVISOR Tom S. Elliott | SIGNATURE  | DATE 2/29/16 |

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

| | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| INCIDENT CODE D-A | INCIDENT STATUS | | DATE WS BECAME AWARE OF THE INCIDENT 01/19/2016 | ES USE ONLY REPORT NUMBER |
| | Date <input checked="" type="checkbox"/> New 01/19/2016 | <input type="checkbox"/> Update | | |
| EMPLOYEE NAME (To contact for additional information) Rickie Dunlap | | TELEPHONE NUMBER 304-642-3288 | CONTACT NAME (If Non-APHIS) | |
| DUTY STATION ADDRESS 1205 12th Street Weston, WV 26452 | | ADDRESS | | |
| INCIDENT LOCATION | | SOURCE OF INFORMATION | | |
| CITY Lost Creek | STATE WV | COUNTY Harrison | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____ | |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) | | | | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (calves) | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



| | | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| EPA REGISTRATION NUMBER 56228-15 | PRODUCT NAME M-44 | ACTIVE INGREDIENT Sodium Cyanide | |
| WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

WT Dunlap was checking M-44 devices on a cooperators farm in Lost Creek, WV. Upon arrival to the first device WT Dunlap found that a dog had triggered the device. WT Dunlap immediately notified the landowner of the incident, the landowner stated that the dog had been roaming the area for the past few weeks. The landowner believed the dog maybe as far away as 10 miles. The landowner stated that there had been multiple attempts to catch the dog, however nobody was able to get close enough to do so. The dog had a collar but no identification and the landowner was not aware of the actual name or address of the dog's owner. The landowner stated that he would bury the dog and would notify anyone who came looking for the dog. WT Dunlap drove to the nearest area with cell phone coverage and notified supervisor.

| | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| NAME OF PREPARER Rickie Dunlap | SIGNATURE  | TELEPHONE NUMBER 304-642-3288 | DATE 1-28-16 |
| NAME OF SUPERVISOR Tom S. Elliott | SIGNATURE  | TELEPHONE NUMBER 304-636-1785 | DATE 1-26-16 |

| | |
|----------------------------------------------------------------------|---------------|
| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM | ES USE ONLY |
| | REPORT NUMBER |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|
| "X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant | "X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild | NUMBER OR ACRES AFFECTED |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|

| | |
|----------------------------|--------------------------------|
| SPECIES COMMON NAME Dog | BREED (if known) Rottweiler |
|----------------------------|--------------------------------|

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

N/A

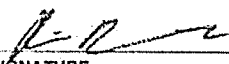
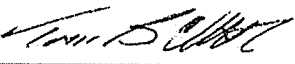
WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced wooded pasture edge

ADDITIONAL FACTORS

| | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------|-----------------|
| NAME OF PREPARER Rickie Dunlap | SIGNATURE  | DATE 1-26-16 |
| NAME OF SUPERVISOR Tom S. Elliott | SIGNATURE  | DATE 1-26-16 |